

ELIGIBILITY REVIEW

Title IV-E and Medicaid Benefits for Foster Child

Child's Name _____ Case ID # _____

Review Period: From _____ To _____

Section I: NON AFDC Requirements – DCFS SAFE Interface – DJJS Manual e-Rep Entry

Part A: Ongoing IV-E Non AFDC Requirements

- 1. Custody:** If the child entered care by a court order, voluntary placement agreement, or voluntary relinquishment, does the agency still maintain custody of the child?

___ Yes Go to section I, part A, question 2.

___ No STOP. Child is not IV-E eligible/reimbursable or FC Medicaid eligible. Go to section V.

2. Court Order Requirements

- a. If the child entered care through a Voluntary Placement Agreement, was there a court order within 180 days of the agreement giving the agency custody and including the required contrary to welfare/best interest language?

___ Yes Court Order Date _____ Go to section I, part A, question 2c.

___ No STOP. Child can only be IV-E eligible/reimbursable for the first 180 days of the signed agreement, if all other criteria are met. IV-E eligibility is permanently lost for this custody episode. Child can be considered for Foster Care Medicaid eligibility if the court ordered custody at any time after agreement ended. Go to Section IV.

___ NA Child did not enter care through Voluntary Placement Agreement. Go to section I, part A. question 2b.

- b. If the child entered care as a result of an up-front voluntary relinquishment, was there a court order within six months of entry into care with the required contrary to welfare/best interest language (not merely sanctioning the relinquishment)?

___ Yes Go to section I, part A, question 2c.

___ No Child cannot be IV-E eligible unless a court order with the required legal language was obtained within six months of the removal date. IV-E eligibility is permanently lost for this custody episode. Go to section IV.

___ NA Child did not enter care as a result of an up-front voluntary relinquishment. Go to section I, part A, question 2c.

c. Did the court make a judicial finding within 12 months of removal (and at least once every 12 months thereafter) that the state has made reasonable efforts to finalize a permanency plan (permanency goal) for the child?

☐ Yes Date of Order: _____ Go to section I, part B.

☐ NA Child entered foster care by voluntary placement agreement. Go to section I, part B.

☐ No Child is not eligible until this finding is made by the court.
*List date when eligibility must be discontinued until permanency plan finding is made
(12 months after removal or 12 months since last permanency finding):* _____

If scheduled, hearing date: _____

(Note: ***Set alert to follow up for court order language. If not scheduled, notify worker.***) Go to section I, part B.

Part B: IV-E Eligibility Placement Requirements

1. Trial home placement: Is the child placed at home on a trial home placement?

☐ Yes IV-E eligibility is discontinued, but can be reinstated within six months (or if trial home placement is court ordered, length of placement can exceed six months).
Date after which IV-E eligibility cannot be reinstated on current eligibility: _____
Foster Care Medicaid must be closed. Go to section V.

☐ No Go to section I, part B, question 2.

2. Runaway: Is the child a runaway from foster care (and still in State custody)?

☐ Yes Provide runaway dates: _____
Go to section I, part B question 3.

☐ No Go to section I, part B question 3.

3. Background Screening Requirement: Was the current foster home or any other foster home since entering agency care licensed on or after April 1, 2007?

☐ Yes Has a fingerprint based FBI national criminal history record check been completed for any foster home licensed after April 1, 2007 **AND** If any foster parent or adult in the home has lived outside of Utah in the five years prior to the date of application to become a foster parent, has a child abuse and neglect registry check been completed for each state in which they resided?

☐ Yes Go to section I, part B, question 4.

☐ No Any foster home for which these requirements have not been met does not meet the eligibility placement requirements. Child is not IV-E Eligible while in this placement. Go to section I, part B question 4.

☐ No Go to section I, part B question 4.

☐ NA Placement is a residential facility. Go to section I, part B, question 4.

- 4. Foster Care Placement:** Is the child's current placement or any other placement since entering agency care a non-kin foster home, group home or residential placement, including a public facility with 25 beds or less?

☐ Yes Provide date(s) child placed in a foster home, group home or residential facility: _____

Is the foster home, group home or residential facility fully licensed?

☐ Yes Go to section I, part B, question 5.

☐ No Child's IV-E eligibility cannot continue until child is placed in a licensed, qualified placement. Go to section IV.

☐ No Go to section I, part B, question 5.

- 5. Kinship Placement:** Is the child's current placement or any other placements since entering agency care a kin home?

☐ Yes Provide date(s) child placed in kin home: _____
Go to section I, part B, question 6.

☐ No Child's IV-E eligibility cannot continue until child is placed in a qualified placement. Go to section IV.

☐ NA No kinship placements during review period. Got to section I, part B, question 6.

- 6. Court Ordered Placement:** If the child entered care by a court order, was the child ordered into a specific foster placement?

☐ Yes Child is not IV-E eligible until judge gives authority to the Division to determine placement of the child. Go to section I, part D.

☐ No Go to section I, part C, question 1.

Part C: Requirements For IV-E Foster Care Reimbursability

- 1. Runaway:** Is the child a runaway from foster care (and still in State custody)?

☐ Yes Child is not IV-E reimbursable for runaway period. IV-E eligibility continues as long as State custody is not terminated and other eligibility criteria are met. Go to section I, part D.

☐ No Go to section I, part D, question 2.

- 2. SSI Eligibility:** Is the child receiving SSI while in custody?

☐ Yes Child will generally not be made IV-E reimbursable, although it is allowable, because SSI will be reduced by amount of the IV-E payment. Cases must be reviewed carefully (based on child's best interest/placement costs) before making the child IV-E reimbursable. Go to section I, part C, question 3.

☐ No Go to section I, part C, question 3

3. Kinship Placement: Is the child's current kin home placement or any other kin home placements since entering agency care fully licensed (not initial probationary license)?

- ☐ Yes Child is reimbursable. Go to section I, part D.
- ☐ No Child is not IV-E reimbursable for period while kin home is becoming fully licensed.
IV-E eligibility continues. Go to section I, part D.
- ☐ NA Child's placement is foster home, group home or residential facility and all other criteria has been met. Child is reimbursable. Go to section I, part D.

Part D: Non-AFDC Result Determination

1. Ongoing Custody and Court Order requirements are met for the review period (*section I, part A questions 1 & 2*)

- ☐ Yes
- ☐ All months of review period
- ☐ Specific months of review period (*record in chart*)
- ☐ No Court order and/or custody requirements were not met for this custody episode

2. IV-E Placement Requirements are met. (*section I, part B questions 1-6*)

- ☐ Yes
- ☐ All months
- ☐ Specific months of review period (*record in chart*)
- ☐ No IV-E placement requirements are not met for any months of review period

3. IV-E Reimbursability Requirements are met. (*section I, part C, question 1-3*)

- ☐ Yes
- ☐ All months
- ☐ Specific months of review period (*record in chart*)
- ☐ No IV-E reimbursability requirements are not met for any months of review period

4. e-Rep Non AFDC IV-E factors are "Yes" for all month when section I, part D, questions 1,2 and 3 are

- ☐ Yes
- ☐ All months
- ☐ Specific months (*record in chart*)
- ☐ No Non AFDC IV-E factors are not met for any months of this review period

If requirements are not met for all months, check months for which requirements are met..

Month/Year													
Check elig months													

**** e-Rep "Non AFDC IV-E factors met" result is "Yes" for months where requirements 1, 2 and 3 are met.
Go to Section II**

Section II: Initial IV-E Eligibility Did the child meet the initial IV-E eligibility requirements for this custody episode?

___ Yes Go to section III.

___ No Go to section IV.

Section III: AFDC Requirement – e-Rep Entry

Part A: Age Is the child under age 18, or age 18 and expected to complete high school or technical training before the age of 19? *NOTE: If age 18, eligibility ends at graduation or when full-time schooling is discontinued for Title IV-E. Eligibility for FC Medicaid NB+ ends at age 19.*

___ Yes Go to section III, part B.

___ No Child is not eligible for IV-E. For Foster Care Medicaid, child can qualify until age 19 if meeting NB+ criteria. If under age 19, go to Section III part B. If 19 or over, go to Section IV.

Part B: Deprivation Did deprivation continue to exist in the removal home during the review period or have parental rights been terminated?

___ Yes Describe deprivation:_____TPR Date:_____

___ Deprivation was met all months of review period.

___ Deprivation was met for one or more months during the review periods.

List any months in which deprivation was not met:

Go to section III, part C

Part C: Assets Were child's countable assets under \$10,000 during the review period?

Child's assets \$_____

Source_____

___ Yes Child is IV-E eligible for any months in which asset limit is met.

___ Asset limit was met all months of review period. Go to section III, part D.

___ Asset limit was met for one or more months of the review period?

List any months in which asset limit was exceeded:

___ No STOP Child is not IV-E eligible during the months child's monthly assets exceed \$10,000.
Go to section III, part D.

Part D: Earned and Unearned Income Was child's countable monthly income less than 185% of the Foster Care Need Standard (\$1489) during the review period?

Child's income \$ _____

Source _____

☐ Yes Child is IV-E eligible for any months in which income limit is met.

☐ Income limit was met all months of review period. Go to section III, part E.

☐ Income limit was met for one or more months during the review period.

*List any months in which income limit was **exceeded**:*

☐ No Child is not IV-E eligible in months child's monthly income exceeds 185% of FC Need Standard. Go to section III, part E.

Part E: AFDC Result for Review Period

1. All requirements for section III, parts A-E are met

☐ Yes Child meets the AFDC requirements for months where all requirements are met

☐ All months

☐ Specific months (*record in chart*)

☐ No Child does not meet the AFDC requirements for any months of this review period

If requirements are not met for all months, check months for which requirements are met..

Month/Year													
Check elig months													

Section IV: Requirements for Foster Care Medicaid

Part A: Foster Care Maintenance Payment Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?

☐ Yes Go to section IV, part B.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to section V.

Part B: Income and Assets What are the child's countable income and assets?

Income \$ _____ Source: _____

Assets \$ _____ Source: _____

Go to section IV, part C.

Part C: Prior Eligibility Was the child previously eligible for Foster Care Medicaid?

☐ Yes Program Type: _____ Go to section IV, part D.

☐ No Go to section IV, part D.

Part D: IV-E Eligible and Reimbursable Is the child IV-E eligible **and** IV-E reimbursable?

- ☐ Yes STOP. Child is categorically eligible for Medicaid, FC/F. Go to section V.
- ☐ No Go to section IV, part E.

Part E: Citizenship If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

- ☐ Yes Date of entry in U.S. _____ or protected classification _____
Go to section IV, part F.
- ☐ No STOP. Child is not eligible for Foster Care Medicaid until in the United States for five years.
Date five year waiting period ends _____ Go to section V.
- ☐ NA Child is a U.S. Citizen. Go to section IV, part F.

Part F: Newborn Medicaid Program age 0-6 Are the child's countable assets greater than \$2000 as provided on the income and asset worksheet?

- ☐ Yes Go to section IV, part F, question 1.
1. Is the child under 6 years of age?
- ☐ Yes Is the child's countable income less than the limits required for the Newborn Medicaid Program (no asset limit)?
- NB Income Limit: \$ _____ Child's income: \$ _____
- ☐ Yes STOP. Child is eligible for Newborn Medicaid Program (FC/C). Go to section V.
- ☐ No STOP. Child is not eligible for FC Medicaid. If the child's income drops below the Newborn limit, redetermine FC Medicaid eligibility. Go to section V.
- ☐ No Child is not eligible for FC Medicaid. If assets drop below the asset limit, redetermine FC Medicaid eligibility. Go to section V.
- ☐ No Go to section IV, part G.

Part G: Disabled Medicaid Program Is the child blind or disabled and receiving SSI?

- ☐ Yes STOP. Child is eligible for Foster Care Medicaid (FC/D disabled, FC/B blind). Go to section V.
- ☐ No Go to section IV, part H

Part H: Children's Medicaid Program Is the child's countable income less than the income limits required for the Children's Medicaid Program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

CM Income Limit:\$ _____ Child's income: \$ _____

☐ Yes Go to section V.

☐ No Go to section IV, part I.

Part I: Newborn + Medicaid Program age 6-19 Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

NB+ Income Limit:\$ _____ Child's income: \$ _____

☐ Yes Go to section V.

☐ No Go to section IV, part J.

Part J: Spenddown Medicaid Program Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

☐ Yes Child is FC/C Medicaid eligible when spend down process is completed. Go to section V.

☐ No STOP. Child is not eligible for Foster Care Medicaid. Go to section V.

Spend Down Calculation

Child Countable Income	\$ _____
Minus Program Income Limit	\$- _____
Total Spend Down Amount	\$ _____

Section V: Review Findings For Title IV-E And Medicaid Benefits For Foster Child

Review Period: From _____ To _____

A. Review of Title IV-E Eligibility - SAFE (DCFS) – CARE (DJJS) and e-Rep entry

☐ NA Child did not meet INITIAL Title IV-E eligibility requirements and is not eligible for custody episode. Go to section V, part C.

☐ Yes Child is Title IV-E eligible.

☐ Child met eligibility and placement requirements for all months of review period.

☐ Child met eligibility and placements requirements for one or more months during the review period.

If not IV-E eligible all months, list dates for review period. Check IV-E eligible months.

Month/Year												
Check elig months												

(Note DCFS: Make sure that SAFE showed open IV-E eligibility for all appropriate months.)

- ☐ No Child is not Title IV-E eligible. Provide reason: _____
- ☐ Child can regain eligibility in the future when all requirements are met.
- ☐ Child has permanently lost IV-E eligibility.

B. Review of Title IV-E Reimbursability - **SAFE (DCFS) – CARE (DJJS)**

- ☐ Yes Child is Title IV-E reimbursable.
- ☐ Child met reimbursability requirements for all months of review period.
- ☐ Child met reimbursability requirements for one or more months during the review period.

If not IV-E reimbursable all months, list dates for review period. Check reimbursable months.

Month/Year												
Check reimb months												

(Note DCFS: Make sure that SAFE showed open IV-E reimbursability for all appropriate months.)

- ☐ No Child not Title IV-E reimbursable. Provide reason: _____
- ☐ NA Child is not Title IV-E eligible.

C. Review of Foster Care Medicaid Eligibility – e-Rep

- ☐ Yes Child is eligible for Foster Care Medicaid.

Circle program type: FC/F IV-E FC/B Blind FC/D Disabled
FC/C Children's Medicaid
FC/C Newborn
FC/C Newborn Plus
Other (specify) _____

Review Third Party Liability information for the child, comparing to previous TPL information. If there are changes, enter updated TPL information into E-REP.

- ☐ No Child not eligible for Medicaid. Provide reason: _____
(Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

Notes regarding Title IV-E or Medicaid review:

Eligibility Worker's Signature: _____ **Review Date:** _____